



Arizona Cancer Registry 2007 MP/H Rules Technical Bulletin #1

December 18, 2007

Recurrence or New Primary?

There has been a lot of confusion surrounding the issue of when a new diagnosis of cancer is a recurrence of a previously diagnosed tumor, or a new primary altogether. This document uses examples to illustrate when the 2007 multiple primary and histology coding rules need to be applied, and when they do not.

Do Not Use the MP/H Rules If...

It is evident that you are dealing with a regional or distant metastasis. An example of this is illustrated here:

Question

Patient was diagnosed in 2004 with mesothelioma by pleural effusion cytology. The patient was treated and had a complete response. In 2007, a chest wall tumor was found. Histology was consistent with mesothelioma. According to rule M10 in the “Other Sites” chapter, tumors diagnosed more than one (1) year apart are multiple primaries. Is this a new primary, or a recurrence?

Answer

This is clearly a metastasis, as the “new” mesothelioma was diagnosed at an area other than the primary site. The 2007 multiple primary and histology rules do not apply to metastasis. Page 11 of the manual directs the registrar not to count metastatic lesions when determining the number of tumors (Rule 4.b.II.i).

Use the MP/H Rules If...

The new tumor is in the same site as the “original” tumor. This situation is illustrated by the example described below:



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Question

Laryngeal primary cancer was diagnosed and treated 3 years ago at another facility. Patient underwent partial laryngectomy and radiation therapy as first course of treatment. The record from my facility states that he was found in follow-up to have a “recurrence” in the larynx. It is not clear when this “recurrence” was diagnosed. The patient was admitted to my facility in 2007 for a laryngeal resection due to tumor involvement. All of the physicians involved in this case are calling it a recurrence. Page 10 of the Multiple Primary and Histology Coding Rules manual states:

“Do not use a physician’s statement to decide whether the patient has a recurrence of a previous cancer or a new primary. Use the multiple primary rules as written **unless a pathologist compares** the present tumor to the ‘original’ tumor and states that this tumor is a recurrence of cancer from the previous primary.”

Even though the physicians call this a recurrence, there is no comparison of “old” and “new” tumor specimens by a pathologist. Prior to 2007, there would be no question that this would have been considered a recurrence. What would I do for this case?

Answer

You would need to apply the multiple primary rules here because this is a new tumor in the prior site, and not a metastasis. Going one-by-one thru the “Multiple Tumors” module for Head and Neck tumors brings you to M12, “Tumors that **do not meet any** of the above **criteria** are abstracted as a single primary.” Complete a non-analytic tracking form and fax it to the ACR.

Reference

Transcript of web cast “Advanced MP/H Training: Beyond the Basics.” Available at
http://www.seer.cancer.gov/tools/mphrules/training_advanced.html